



MISSOURI DEPARTMENT OF NATURAL RESOURCES  
SOLID WASTE MANAGEMENT PROGRAM  
**SOLID WASTE MANAGEMENT DISTRICT ANNUAL REPORT**

<b>1. REGION IDENTIFICATION (A-T)</b> T	<b>2. SOLID WASTE MANAGEMENT DISTRICT NAME</b> District T	<b>3. FISCAL YEAR PERIOD:</b> FROM JULY 1, 2,013.0 TO JUNE 30, 2,014.0
--	--	---

**GOALS AND ACCOMPLISHMENTS**

**4. (A) WHAT WASTE REDUCTION GOALS DID THE DISTRICT HAVE FOR THE MOST RECENTLY COMPLETED FISCAL YEAR AND WHAT ACTIONS DID THE DISTRICT TAKE TO ACHIEVE THESE GOALS?**

The goal of the Lake of the Ozark Solid waste Management Board is to fund projects that have a solid business plan and a focus on the direction to make it happen, to assure that these projects are successful the District Board allows the Planner to do several site visits to assist in anyway necessary.

**4. (B) WHAT WASTE REDUCTION GOALS DOES THE DISTRICT HAVE FOR THE UPCOMING FISCAL YEAR? WHAT ACTIONS ARE PLANNED TO ACHIEVE THESE GOALS? INCLUDE THE TYPES OF GRANT PROPOSALS THAT HAVE BEEN IDENTIFIED TO ASSIST IN MEETING THESE GOALS.**

Being a minimally funded District, the District want to fund as many projects as the successfully are able to to see the dollars make as much impact as possible.

**5. (A) WHAT RECYCLING GOALS DID THE DISTRICT HAVE FOR THE MOST RECENTLY COMPLETED FISCAL YEAR AND WHAT ACTIONS DID THE DISTRICT TAKE TO ACHIEVE THESE GOALS?**

1. To fund projects in areas where they were needed
2. Oversight to make sure projects were on course.

RECEIVED BY  
DEC 8 2014  
SWMP OPERATIONS



The District has sent to the past organizations that have recieved a grant the information on the new grant period. The board wishes to expand the types of grants to other areas.

The District funded projects in areas where there was a need, with great success. The Planner provided oversight and guidance to those who needed it.

The District is wanting to see new project implemented. The District Planner has worked closely with the applicants and will continue to do so. District T is planning to fund a District Wide HHW collection facility year round.

[illegible]





**7. (A) LIST ALL PROJECTS OPEN DURING THE MOST RECENTLY COMPLETED FISCAL YEAR. (NOTE: THIS INCLUDES PROJECTS THAT MAY HAVE CLOSED DURING THE YEAR. ATTACH ADDITIONAL SHEETS IF NEEDED.) – Continued**

PROJECT NUMBER	NAME OF PROJECT RESULTING IN TONNAGE DIVERSION FROM LANDFILL	COST OF PROJECT	NUMBER OF TONS DIVERTED	AVERAGE COST PER TON DIVERTED

**7. (B) WERE THERE ANY OTHER MEASURABLE OUTCOMES ACHIEVED BY THE ABOVE LISTED PROJECTS? LIST PROJECT NUMBER, TYPE OF OTHER MEASURABLE OUTCOME AND QUANTITY.**

PROJECT NUMBER	OUTCOME MEASURE	UNIT OF MEASURE (QUANTITY)	COST OF PROJECT	AVERAGE COST PER UNIT OF MEASURE

**8. SUMMARIZE PROJECTS THAT DID NOT RESULT IN TONNAGE DIVERSION**

PROJECT NUMBER	NAME OF PROJECT WITH OTHER THAN TONNAGE AS OUTCOME MEASURE	OUTCOME MEASURE	UNIT OF MEASURE (QUANTITY)	COST OF PROJECT	AVERAGE COST PER UNIT OF MEASURE

**9. IDENTIFY SEPARATELY PROJECTS THAT MANAGED ITEMS BANNED FROM LANDFILLS**

PROJECT NUMBER	NAME OF PROJECT	OUTCOME MEASURE	UNIT OF MEASURE (QUANTITY)	COST OF PROJECT	AVERAGE COST PER UNIT OF MEASURE
T2013-003	City of Osage Beach	4.25	Tons	\$4,155.00	\$977.64/ton









**11. DESCRIBE YOUR DISTRICT'S GRANT PROPOSAL EVALUATION PROCESS.**

The Executive Board evaluates each grant individually and then they come together as a group to add the totals and discuss ideas that they each have for these projects. They then decide what they are going to award and the amounts.

RECEIVED BY  
DEC 8 2014  
SWMP OPERATIONS

**12. BOARD AND COUNCIL MEMBERS**

NAME Tom Wright <input checked="" type="checkbox"/> BOARD <input type="checkbox"/> COUNCIL		ADDRESS P.O.Box 12	
REPRESENTATIVE OF		CITY	STATE
<input checked="" type="checkbox"/> COUNTY <input type="checkbox"/> PUBLIC		Tuscumbia	MO
<input type="checkbox"/> CITY <input type="checkbox"/> OTHER: _____		TELEPHONE NUMBER WITH AREA CODE	FAX NUMBER WITH AREA CODE
		573-369-1900	
OFFICIAL TITLE: Commissioner		E-MAIL tomwright@millercountymo.org	
OFFICER <input type="checkbox"/> CHAIR <input checked="" type="checkbox"/> VICE-CHAIR <input type="checkbox"/> SECRETARY <input type="checkbox"/> TREASURER <input type="checkbox"/> OTHER _____			
NAME Kris Franken <input checked="" type="checkbox"/> BOARD <input type="checkbox"/> COUNCIL		ADDRESS #1 Court Circle	
REPRESENTATIVE OF		CITY	STATE
<input checked="" type="checkbox"/> COUNTY <input type="checkbox"/> PUBLIC		Camdenton	MO
<input type="checkbox"/> CITY <input type="checkbox"/> OTHER: _____		TELEPHONE NUMBER WITH AREA CODE	FAX NUMBER WITH AREA CODE
		573-346-4440	
OFFICIAL TITLE: Commissioner		E-MAIL tomwright@millercountymo.org	
OFFICER <input type="checkbox"/> CHAIR <input type="checkbox"/> VICE-CHAIR <input checked="" type="checkbox"/> SECRETARY <input type="checkbox"/> TREASURER <input type="checkbox"/> OTHER _____			
NAME Chuck Jordan <input checked="" type="checkbox"/> BOARD <input type="checkbox"/> COUNCIL		ADDRESS 400 S. Madison	
REPRESENTATIVE OF		CITY	STATE
<input type="checkbox"/> COUNTY <input type="checkbox"/> PUBLIC		Lebanon	MO
<input checked="" type="checkbox"/> CITY <input type="checkbox"/> OTHER: _____		TELEPHONE NUMBER WITH AREA CODE	FAX NUMBER WITH AREA CODE
		417-532-4435	
OFFICIAL TITLE: Councilman		E-MAIL chuckyj47@yahoo.com	
OFFICER <input checked="" type="checkbox"/> CHAIR <input type="checkbox"/> VICE-CHAIR <input type="checkbox"/> SECRETARY <input type="checkbox"/> TREASURER <input type="checkbox"/> OTHER _____			



NAME Danny Rhoades <input checked="" type="checkbox"/> BOARD <input type="checkbox"/> COUNCIL		ADDRESS 200 N. Adams	
REPRESENTATIVE OF		CITY	STATE
<input checked="" type="checkbox"/> COUNTY <input type="checkbox"/> PUBLIC		Lebanon	MO
<input type="checkbox"/> CITY <input type="checkbox"/> OTHER: _____		ZIP CODE	65536
OFFICIAL TITLE: Commissioner		TELEPHONE NUMBER WITH AREA CODE	FAX NUMBER WITH AREA CODE
		417-532-4897	
OFFICER <input checked="" type="checkbox"/> CHAIR <input type="checkbox"/> VICE-CHAIR <input type="checkbox"/> SECRETARY <input type="checkbox"/> TREASURER <input type="checkbox"/> OTHER _____		E-MAIL commissioner@lacledecountymissouri.org	
NAME Dave VanDee <input checked="" type="checkbox"/> BOARD <input type="checkbox"/> COUNCIL		ADDRESS 3162 Bagnell Dam Blvd	
REPRESENTATIVE OF		CITY	STATE
<input type="checkbox"/> COUNTY <input type="checkbox"/> PUBLIC		Lake Ozark	MO
<input checked="" type="checkbox"/> CITY <input type="checkbox"/> OTHER: _____		ZIP CODE	65049
OFFICIAL TITLE: Administrator		TELEPHONE NUMBER WITH AREA CODE	FAX NUMBER WITH AREA CODE
		573-365-5378	
OFFICER <input checked="" type="checkbox"/> CHAIR <input type="checkbox"/> VICE-CHAIR <input type="checkbox"/> SECRETARY <input type="checkbox"/> TREASURER <input type="checkbox"/> OTHER _____		E-MAIL cityadmin@cityoflakeozark.net	
NAME <input type="checkbox"/> BOARD <input type="checkbox"/> COUNCIL		ADDRESS	
REPRESENTATIVE OF		CITY	STATE
<input type="checkbox"/> COUNTY <input type="checkbox"/> PUBLIC			
<input type="checkbox"/> CITY <input type="checkbox"/> OTHER: _____		TELEPHONE NUMBER WITH AREA CODE	FAX
OFFICIAL TITLE:		E-MAIL	
OFFICER <input type="checkbox"/> CHAIR <input type="checkbox"/> VICE-CHAIR <input type="checkbox"/> SECRETARY <input type="checkbox"/> TREASURER <input type="checkbox"/> OTHER _____			
NAME Penny Lyons <input checked="" type="checkbox"/> BOARD <input type="checkbox"/> COUNCIL		ADDRESS 1000 City Parkway	
REPRESENTATIVE OF		CITY	STATE
<input type="checkbox"/> COUNTY <input type="checkbox"/> PUBLIC		Osage Beach	MO
<input checked="" type="checkbox"/> CITY <input type="checkbox"/> OTHER: _____		ZIP CODE	65065
OFFICIAL TITLE: Mayor		TELEPHONE NUMBER WITH AREA CODE	FAX NUMBER WITH AREA CODE
		573-302-2002	
OFFICER <input checked="" type="checkbox"/> CHAIR <input type="checkbox"/> VICE-CHAIR <input type="checkbox"/> SECRETARY <input type="checkbox"/> TREASURER <input type="checkbox"/> OTHER _____		E-MAIL palyons@osagebeach.org	
NAME <input type="checkbox"/> BOARD <input type="checkbox"/> COUNCIL		ADDRESS	
REPRESENTATIVE OF		CITY	STATE
<input type="checkbox"/> COUNTY <input type="checkbox"/> PUBLIC			
<input type="checkbox"/> CITY <input type="checkbox"/> OTHER: _____		TELEPHONE NUMBER WITH AREA CODE	FAX NUMBER WITH AREA CODE
OFFICIAL TITLE:		E-MAIL	
OFFICER <input type="checkbox"/> CHAIR <input type="checkbox"/> VICE-CHAIR <input type="checkbox"/> SECRETARY <input type="checkbox"/> TREASURER <input type="checkbox"/> OTHER _____			
NAME <input type="checkbox"/> BOARD <input type="checkbox"/> COUNCIL		ADDRESS	
REPRESENTATIVE OF		CITY	STATE
<input type="checkbox"/> COUNTY <input type="checkbox"/> PUBLIC			
<input type="checkbox"/> CITY <input type="checkbox"/> OTHER: _____		TELEPHONE NUMBER WITH AREA CODE	FAX NUMBER WITH AREA CODE
OFFICIAL TITLE:		E-MAIL	
OFFICER <input type="checkbox"/> CHAIR <input type="checkbox"/> VICE-CHAIR <input type="checkbox"/> SECRETARY <input type="checkbox"/> TREASURER <input type="checkbox"/> OTHER _____			

